Workers' Compensation

What should you do… must you do? When? How?

What's Here…

- Standards
- Training & Discussions
- First Actions
- Post-Incident Actions
- Self-Insurance
- Workers' Compensation
- Employee's Checklist
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- Workers' Comp Forms
- Department of Labor
- Additional Information
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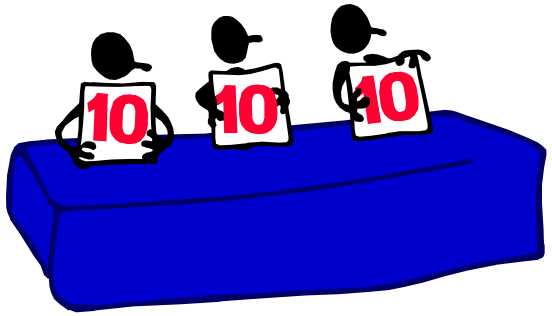
- That's all…

Standards



This task is done right when:

- Workers' Compensation forms are completed, forwarded and filed as applicable to an occurrence and in accordance with local and insurance requirements
- Accident / incident forms are completed, forwarded and filed as applicable to an occurrence and in accordance with local and system requirements

Training & Discussions

- Establish and operate an effective orientation and recurring training program for employees and supervisors concerning worker's compensation
- Use up-to-date, informational and motivational training products about occupational health, safety, wellness, fitness, accident prevention, etc.

First Actions, Page 1 of 3

- Make an immediate assessment of the situation and determine the following:
  - Is there a need for professional/emergency medical assistance?
  - Is there a need to notify the Fire Department, Police, Security, NAVOSH, EOD, etc?
  - Is the area secure? (No further risk of injury/ illness/death?)
  - Are there witnesses to the incident?

First Actions, Page 2 of 3

- Take care of all urgent/immediate details that are within your staff's and your skill, knowledge and ability.
  - If possible remove the threat of further injury/illness
  - If safe to do so, remove the victim/s from any area/situation that may cause additional injury, illness, or death
  - Provide immediate first aid to preserve life and minimize further injury/illness (e.g., provide CPR, control/stop bleeding, perform Heimlich Maneuver, use defibrillator, immobilize injuries, treat for shock, hypothermia, heat exhaustion/stroke, etc.)
  - Call, or have someone else call appropriate civilian/military emergency number/s

First Actions, Page 3 of 3

- Have individual/s involved get medical assistance as needed
- Control traffic/crowds as needed and facilitate emergency vehicle access
- Begin an investigation of the accident, injury, illness, or death
  - Locate and interview witnesses *(It's best to get a written statement.)*
  - Collect names and telephone numbers
- Preserve, or have staff members preserve the area/evidence
- Report accident, injury, or illness per local procedure

Post-Incident Actions,
Page 1 of 2

Complete applicable documentation per local policy:

IF:	THEN COMPLETE:
Staff member on the job (non-active duty).	1. Employer's first Report of Injury or Occupational Illness, Form LS-202. (This form, if an original, is yellow.) 2. Request for Examination and/or Treatment, Form LS-1. (This form, if an original, is pink.) 3. Accident report. (Local form.) 4. Report of investigation of accident/ incident. (Local form.)
Customer/Patron or Visitor/Guest or Contractor/Vendor	1. Accident report. (Local form.) 2. Report of investigation of accident/ incident. (Local form.)
Active Duty Personnel	Any of the following per local Command requirements: OPNAV 5102-1, Personnel Injury/ Death Mishap Report. OPNAV 5527/1, Incident/Complaint Report. OPNAV 5102-12, Safety Report. OPNAV 5102-4, Motor Vehicle Mishap Report.

Post-Incident Actions,
Page 2 of 3

- Forward all original documentation per local policy after making copies for your Program's files.
  - The NAF Human Resources (HR) office will advise you on the filing and retention of Workers' Compensation forms for NAF staff members
  - The APF Human Resources office (HRO) will advise you on the filing and retention of Workers' Compensation forms for APF staff members
  - Ensure the applicable servicing office follows up with the preparation and submission/forwarding of applicable supplementary reports, leave options, choice of doctor, and other local requirements and/or reports

Post-Incident Actions,
Page 3 of 3

- Review all safety measures and procedures to identify "gaps" that may have contributed to the accident, injury or illness and adjust as applicable

The following MWR Managers' Desk Reference tasks apply:

- 3.4 Monitor/Supervise Activities/Events
- 3.5 Ensure Safe Program Environment
- 6.4 Indoctrinate New Staff Members
- 6.5 Train/Develop Staff
- 6.15 Indoctrinate Staff on Workplace Violence and Gang Activity
- 6.16 Respond to Accidents, Injuries or Illness
- 8.3 Inspect Facility/FF&E
- 8.4 Correct Facility/FF&E Discrepancies
- 8.8 Oversee Vehicle Maintenance and Use
- 9.3 Develop Internal Policies and Procedures (SOPs)
- 12.2 Ensure Safe Food Handling and Storage

Self-Insurance, Page 1 of 2

- CNIC (N25) maintains a central NAF Self-Insurance (Risk Management) program for property and liability coverage associated with programs and events sponsored by MWR departments at Naval installations
- This coverage provides protection to patrons and guests for any bodily injury and personal property damage that might occur due to some negligence by MWR, as determined by the claims office at the local Naval Legal Service Office that supports each installation

Self-Insurance, Page 2 of 2

- Policies and procedures pertinent to the NAF Self-Insurance Program are contained in BUPERSINST 5890.1, Bureau of Naval Personnel Risk Management Manual of 25 June 1996

  http://mwr.navy.mil/mwrprgms/insurance.htm

- Refer to Chapter 13 of BUPERSNIST 5300.10A for applicability, exclusions (e.g., active duty, contract personnel, Foreign Nationals, etc.) and coverage

Workers' Compensation
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- Follow procedures detailed in BUPERSINST 5300,10A, Chapter 13.
- Ensure timeframes are met on reporting injuries and work-related illness
- Ensure data requested by the Third Party Administrator (TPA) are obtained and returned promptly

Typical incident procedure follows

Workers' Compensation

Typical Incident Procedure:

- Employee sustains injury or occupational illness
- When practicable, employee reports injury/illness to immediate supervisor or Human Resources (HR) office
- Supervisor, HR Specialist or worker's compensation coordinator explains documentation required for medical appointm k time

These processes are adjusted based on the severity of injury or illness.

Workers' Compensation

Typical Incident Procedure, cont:

- Applicable forms are completed and submitted:
  - LS-1, Request for Examination and/or Treatment
  - LS-202, Employer's First Report of Injury or Occupational Illness
  - LS-210, Employers Supplementary Report of Accident or Occupational Illness
  - Choice of Doctor Statement
  - Others as applicable (see notes page)

See LS Forms at Slide 29

Workers' Compensation

Typical Incident Procedure, cont:

- Employee receives medical treatment
- Medical provider documents treatment and reports recommendations to the Third Party Administrator (TPA)
- Employee returns to work without restrictions and provides supervisor a "Fit for Full Duty" release from the employee's doctor … or

Workers' Compensation

Typical Incident Procedure, cont:

- Employee is **NOT** fit for full duty
- NAFI representatives determine if position can accommodate medical recommendations for restricted or light duty
  - NAFI representatives accommodate light duty requirements, or
  - Notifies TPA and N941 that light duty requirements cannot be accommodated

Workers' Compensation

Typical Incident Procedure, cont:

- NAFI officials use a sequential approach to returning the employee to his/her original job
  - Interim accommodations are made if possible
- NAFI officials maintain regular communication with the employee

Workers' Compensation

Typical Incident Procedure, cont:

- In cases where the employee is unable to work as prescribed by his/her physician, the employees' supervisor or manager contacts the employee within 24-hours of the injury to determine employee's condition, extent of injury / severity of illness, and work status

Workers' Compensation

Typical Incident Procedure, cont:

- Supervisor/manager makes regular calls in on going cases to see how he/she is progressing
- Calls are documented in call logs
- A sequential process is followed to return the employee to his/her original job
- In cases where this is impossible, NAFI official shift to "long-term-disability" procedures

Employee's Checklist,
Page 1 of 3

If Work Injury Occurs:

- If able, notify supervisor and HR office immediately
- If necessary, get medical treatment authorized by form LS-1
- Bring a doctor's note to your supervisor upon return to work, even if you have been released to "Full Duty"
- If you are disabled or have work restrictions, keep in contact with your employer regarding your recovery progress and work status

Employee's Checklist,
Page 2 of 3

If Work Injury Occurs, cont:

- Report earnings as required by employer
- Participate in the "Return-to-Work" program as advised by your supervisor, HR Rep, or the local Worker's Compensation Program Coordinator
- Maintain communication with the Third Party Administrator – they may schedule doctor's evaluations for you that are important to attend (see slide 45)

Employee's Checklist,
Page 3 of 3

If Work Injury Occurs, cont:

- Department of Labor protects your interests and advises you of your legal rights under the law
- If you are unable to work, you will receive Workers' Compensation benefits – you are not authorized to take sick or annual leave in addition to Workers' Compensation benefits

Supervisor's Checklist,
Page 1 of 5

If Work Injury Occurs:

- Arrange for emergency medical treatment as needed
- Notify HR Office / local Workers' Comp Rep immediately
- Have employee complete form LS-1, Request for Examination and Treatment
- Complete form LS-202, Employer's First Report of Injury or Occupational Illness
  - By Federal Law, it must be fully completed and filed within ten (10) days from the date of the injury/illness or from the first date you had knowledge of the injury/illness

Supervisor's Checklist,
Page 2 of 5

If Work Injury Occurs, cont:

- In case of life threatening injury or death, you must notify the HR Branch at CNIC within 24 hours
- If employee is disabled for more than 3 days, file form LS-210, Employer's Supplemental Report of an Accident or Occupational Illness
  - This form is filed when an employee is disabled in excess of three (3) days
  - The form is prepared and filed every pay period thereafter until employee returns
  - The LS-210 is also filed when an employee has returned to work and becomes disabled again for the same injury or occupational illness

Supervisor's Checklist,
Page 3 of 5

If Work Injury Occurs, cont:

- When a Workers' Compensation injury/illness prevents an employee from returning to work, annual and sick leave are NOT available
- Fully complete the following and forward to the Third Party Administrator:
  - Employee's Consent to Release Medical Records
  - Wage Earning Statement
  - Choice of Doctor Statement

Supervisor's Checklist,
Page 4 of 5

If Work Injury Occurs, cont:

- Maintain communication with Third Party Administrator
- Coordinate the following claim related items with your local HR Rep and/or Worker's Compensation Coordinator:
  - Bills / Invoices
  - Reports
  - Correspondence

Supervisor's Checklist,
Page 5 of 5

If Work Injury Occurs, cont:

- If employee is disabled or has work restrictions, follow and promote the policies in the "Return- to-Work" program
  - Complete the "Light Duty Advisory" form and FAX it to the CNIC HR Branch and the Third Party Administrator (TPA)
- Maintain contact with the employee
- Document telephone conversations in phone log
- A continuous demonstration of concern for the employee's welfare is a supervisory responsibility

Workers' Comp Forms

LS-202

Employer's First Report of Injury

LS-1

Request for Examination and/or Treatment

LS-210

Employer's Supplementary Report of Accident or Illness

In screen-view, move pointer over applicable form and left click when you see the hand indicator.

Department of Labor

- Department of Labor Home Page
  http://www.dol.gov/index.htm

- Department of Labor; Workers' Compensation
  http://www.dol.gov/esa/owcp_org.htm

- Division of Longshore and Harbor Workers' Compensation (DLHWC):
  http://www.dol.gov/esa/owcp/dlhwc/lstable.htm

- Workers' Compensation Forms: **http://www.dol.gov/esa/owcp/dlhwc/lsforms.htm**

Additional Information, Page 1 of 2

- BUPERSINST 1710.11 (series), Operation of Morale, Welfare, and Recreation MWR Programs
- BUPERSINST 5300.10 (series), Bureau of Naval Personnel Non-Appropriated Fund Personnel Manual for Nonappropriated Fund Instrumentality (NAFI) Employees
- BUPERSINST 5890.1 (series), Bureau of Naval Personnel Risk Management Manual for Navy Morale Welfare and Recreation Nonappropriated Fund Activities

Additional Information, Page 2 of 2

- OPNAVINST 5100.23 (series), Navy Occupational and Health (NAVOSH) Program Manual
- OPNAVINST 5100.25 (series), Navy Recreation, Athletics and Home Safety Program
- OPNAVINST 5102.1 (series), Mishap Investigation and Reporting

Contacts, Page 1 of 3

- **Head, Human Resource Branch, N941**
  - Com: 901.874.6716; DSN: 882.6716
- **Human Resources Specialist, N941B1**
  - Com: 901.874.4876; DSN: 882.4876
- **Human Resources Assistant, N941A2**
  - Com: 901.874.6718; DSN: 882.6718
- **HR Branch FAX Numbers:**
  - COM: 901.874.6847 or 901.874.6844
  - DSN: 882.6847 or 882.6844

Contacts, Page 2 of 3

- **Head, Human Resource Branch, N941**

  Commander, Navy Installations Command (CNIC)
  Human Resources Branch (N941)
  7736 Kitty Hawk Drive – Bldg 4
  Millington, TN 38055-6540

Use this address for FedEx, UPS, Airborne, local delivery companies, etc. (See notes.)

See slide 30 for Department of Labor websites.

Contacts, Page 3 of 3

- **Contract Claims Services, Inc (CCSI)**

  P.O. Box 541328 6307 E. Campus Circle

  Dallas, TX 75354-1328 Irving, TX 75063

  www.ccsholdings.com

  800.743.2231 Voice

  [illegible].554.1141 Voice

  [illegible]43.3293 FAX

  [illegible]16.1389 FAX

  [illegible]2.721.0442 FAX

3rd Party Administrator

That’s all for now…

Workers Comp – What to Do!

Suggestions and requests to:

Commander, Navy Installations Command (CNIC)
F&FR Training Branch, N947
Millington, TN 38055-6540

Com: (901) 874-6727 DSN: 882-6727
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